

**APPLICATION FOR GRANT APPROVAL
FOR
2016-2017 TUTORS IN THE CLASSROOM PROGRAM**

Return by June 24, 2016 by e-mail to: maria.ivankovic@ontario.ca or by fax: 416-325-8565

Board Name: _____

Board Contact: _____

Phone: _____ E-Mail: _____

(a) Total number of student tutor placements being requested _____

(b) Estimated Total Cost of Program (salaries and benefits) _____

(c) Maximum Grant (lesser of (a) times \$1000 and (b) times 50%) _____

I confirm that the program will meet the requirements of the memorandum, and agree to adhere to all reporting and records management criteria.

Director of Education: _____ Date: _____

Please keep a signed copy on file in the board office.